

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	M 100 317
	First Named Inventor	WILLIAM FERRARA
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Art Unit	
Examiner Name		

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MULTIPLE JAW MACHINING VISE

(Title of the invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).


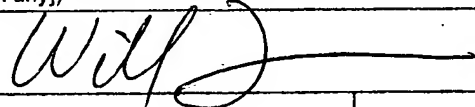
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby appoint the following agent to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

ALVIN S. BLUM REGISTRATION #30,448

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label				OR <input type="checkbox"/>		Correspondence address below	
27321 PATENT TRADEMARK OFFICE									
Name									
Address									
City				State			ZIP		
Country				Telephone 954 462 5006			Fax		
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>									
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname					
WILLIAM				FERRARA					
Inventor's Signature							Date		
							11/24/03		
Residence: City			State		Country		Citizenship		
SUNRISE			FL		U.S.		U.S.		
Mailing Address									
1469 N.W 129 TH WAY									
City			State		ZIP		Country		
SUNRISE			FL		33323		U.S.		
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname					
Inventor's Signature							Date		
Residence: City			State		Country		Citizenship		
Mailing Address									
City			State		ZIP		Country		
<input type="checkbox"/> Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									